

SUICIDE PREVENTION SCREENING GUIDELINES - SHU/KEEPLOCK (KL) ADMISSION

This form will be completed immediately upon admission or readmission to SHU or a separate KL unit. The form will be filled out by the SHU/KL Security Supervisor. The #3152 SHU/KL form will function as the mental health referral.

NAME	DIN	DATE	TIME
Name of Facility	Name of Screening Person	Length of SHU/KL Sentence	
Reason Inmate is admitted to SHU/KL unit			

Check appropriate YES or NO Response for Each Question

Observations of Escorting Officer	YES	NO	NOTE: COMMENTS/OBSERVATIONS/RESPONSES
Escorting Officer observed bizarre behavior or behavior that may be a sign of suicide risk.	***		

SHU/KEEPLOCK Screening Questions	YES	NO	NOTE: COMMENTS/OBSERVATIONS/RESPONSES
1. Do you have concerns about being able to adjust to SHU/KL? If YES, what are your concerns?			
2. Have you tried to commit suicide within the last year?	***		
2A. At any time in your life have you tried to commit suicide?			
3. Have you had thoughts, either now or recently, about wanting to hurt yourself?	***		
4. Do you feel you have nothing in your life to live for?	***		

Behaviors/Appearance	YES	NO	NOTE: COMMENTS/OBSERVATIONS/RESPONSES
5. Inmate shows signs of depression (e.g. crying, withdrawn)	***		
6. Inmate appears anxious, scared or suspicious	***		
7. Inmate appears excessively irritable, angry or hyperactive	***		
8. Inmate appears to have poor hygiene			
9. Inmate appears confused, not following direction or responding appropriately (<i>If YES, please refer the inmate to DOCCS Medical immediately. Inmate must be seen by Medical prior to Mental Health</i>)	***		
10. Inmate appears to be under the influence of alcohol or drugs. (<i>If YES, please refer the inmate to DOCCS Medical immediately. Inmate must be seen by Medical prior to Mental Health</i>)	***		

- Actions:**
- If any box marked with *** is checked, make an immediate referral to Mental Health and notify the Watch Commander. If the inmate refuses to answer any of the screening questions where *** is marked note that fact in the comments section and make an immediate referral to OMH.
 - If any of the other YES boxes are checked, make a regular referral to Mental Health.

Type of Mental Health Referral needed: None Regular Immediate

How was notification made? Phone In-writing In-person

Name and title of clinician contacted is required:

Name	Title
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• If for any other reason you feel there is a significant problem with the inmate, notify Mental Health and call the Watch Commander. The source of a mental health referral and information provided on the referral may be protected from disclosure under Mental Health Law, Section 33.13 and 33.16 of the Mental Hygiene Law, if such disclosure could be detrimental to the referral source, to the patient, or other persons.